

UNITED STATES OF AMERICA  
DEPARTMENT OF JUSTICE

SUBPOENA DUCES TECUM

COPY

TO: Dr. Mitchell Davis

YOU ARE HEREBY COMMANDED TO APPEAR BEFORE  
Dorothy L. McMurtry, Assistant United States Attorney  
an official of the U.S. Department of Justice, and you are hereby required to bring with you and  
produce the following:

See Attachment

which are necessary in the performance of the responsibility of the U.S. Department of Justice to  
investigate federal health care offenses, defined in 18 U.S.C. § 24(a) to mean violation of, or  
conspiracies to violate: 18 U.S.C. §§ 669, 1035, 1347, or 1518; and 18 U.S.C. §§ 287, 371, 666,  
1001, 1027, 1341, 1343, or 1954 if the violation or conspiracy relates to a health care benefit  
program (defined in 18 U.S.C. § 24(b)).

PLACE AND TIME FOR APPEARANCE:

At the U.S. Attorney's Office, Thomas F. Eagleton U.S. Courthouse, 111 South 10<sup>th</sup> Street,  
Room 20.333, St. Louis, Missouri 63102  
on the 16<sup>th</sup> day of December, 2016, at 10:00 o'clock A.M.

Failure to comply with the requirements of this subpoena will render you liable to proceedings in  
the district court of the United States to enforce obedience to the requirements of this subpoena,  
and to punish default or disobedience. The subpoenaed documents may be turned over to the  
agent serving process in lieu of appearing.

Issued under authority of Sec. 248 of the Health Insurance  
Portability & Accountability Act of 1996, Public Law No. 104-91  
(18 U.S.C. § 3486)

IN TESTIMONY WHEREOF

Dorothy L. McMurtry

The undersigned official of the U.S. DEPARTMENT  
OF JUSTICE, has hereunto set his/her hand this  
15<sup>th</sup> day of December, 2016.

Dorothy L. McMurtry  
(SIGNATURE)

Phone: (314) 539-2200



USAO # 2010R00044

Form CRM-180  
Mar. 97



### RETURN OF SERVICE

I, being a person over 18 years of age, hereby certify that a copy of this subpoena was duly served on the person named herein by means of --

1. Personal delivery to an individual, to wit:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Address)

2. Personal delivery to an address, to wit:

\_\_\_\_\_  
(Description of premises)

\_\_\_\_\_  
(Address)

3. Registered or certified mailing to:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

at \_\_\_\_\_ ( ) a.m. ( ) p.m. on \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

**SUBPOENA ATTACHMENT**

For the time period from January 1, 2010 through the date of this subpoena, please produce the following documents.

1. Patient files. For the purposes of this subpoena, "patient files" includes any document that refers or relates to a patient's care or medical treatment, including but not limited to assessments, plans of care, care plan supplements, case notes, history and physicals, discharge summaries, operative records, treatment summaries, progress notes, nursing notes, prescriptions, injection records, admission forms, intake forms, referral documents, emergency visit forms, physician's orders, discharge forms, autopsy or coroner's reports, laboratory or diagnostic tests and results, treatment histories, x-rays, dispensing logs, and any correspondence or documents reflecting contact with the patient about CITY HEALTH & CHIROPRACTIC and/or MITCHELL DAVIS and/or other CITY HEALTH & CHIROPRACTIC care and billing for the patient. *- sub 2010 2011 2012*
2. Patient billing records. For the purposes of this subpoena, "billing records" includes any document that relates to any billing, claims, requests or demands for payment from the any health care benefit program or insurance company for any health care services, including but not limited to claim forms, superbills, remittance advices, exception, recoupment or adjustment correspondence, billing summaries, account details, checks, health care program correspondence, provider agreements, or other related documents.
3. Appointment calendars, personal calendars, travel records, activity reports or any other document showing patient appointment/schedules, daily activities/travel, or the schedules for CITY HEALTH & CHIROPRACTIC employees and independent contractors and MITCHELL DAVIS.
4. Patient sign-in and/or sign-out sheets. *For patient files*
5. Documents reflecting communication between any representative of CITY HEALTH & CHIROPRACTIC and/or MITCHELL DAVIS and any patient, family member and/or legal



guardian of the patient regarding SORRELL & TRAUBE and/or any other attorneys. Documents include but are not limited to, complaints about treatment, medical services, or billing issues, including but not limited to call-logs, letters, complaints, and notices of payments, rejections, denials and credit adjustments, legal representation, liens, and settlement demands. N - 12

6. Personnel records for present and former employees and independent contractors of CITY HEALTH & CHIROPRACTIC and/or employees and agents of CITY HEALTH & CHIROPRACTIC, including employment applications, resumes, payroll and bonus records, appraisals and evaluations, hiring, promotion, separation, or termination correspondence or memoranda, and related documents. No p
7. Business records of CITY HEALTH & CHIROPRACTIC and/or MITCHELL DAVIS, including minute books or other records reflecting ownership of the business and assets and liabilities of the business, including bank account records, tax return information and financial records relating to the income received by and disbursements for this business.
8. Records reflecting the bank accounts, credit card accounts, and/or financial records of CITY HEALTH & CHIROPRACTIC and/or MITCHELL DAVIS, including but not limited to monthly statements, balance statements, spreadsheets, cash payment or deposit ledgers, cash currency, and/or bookkeeping documents. Records will include all of the aforementioned items related to Bank of America account numbers ending in 6045 and account ending in 0067.
9. Documents that refer or relate to payments for accident report from SLMPD.